

States Government agency for international tuberculosis efforts, working in close partnership with the Centers for Disease Control and Prevention and with the President's Emergency Plan for HIV/AIDS Relief. The goal of the United States Agency for International Development is to contribute to the global reduction of morbidity and mortality associated with tuberculosis by building country capacity to prevent and cure tuberculosis and achieve global targets of 70 percent case detection and 85 percent treatment success rates. The United States Agency for International Development provides support for tuberculosis programs in countries that have a high burden of tuberculosis, a high prevalence of tuberculosis and HIV, and a high risk of MDR-TB.

SEC. 3. ASSISTANCE TO COMBAT TUBERCULOSIS.

(a) **POLICY.**—Subsection (b) of section 104B of the Foreign Assistance Act of 1961 (22 U.S.C. 2151b-3) is amended to read as follows:

“(b) **POLICY.**—It is a major objective of the foreign assistance program of the United States to control tuberculosis. In all countries in which the Government of the United States has established development programs, particularly in countries with the highest burden of tuberculosis and other countries with high rates of tuberculosis, the United States Government should prioritize the achievement of the following goals by not later than December 31, 2015:

“(1) Reduce by half the tuberculosis death and disease burden from the 1990 baseline.

“(2) Sustain or exceed the detection of at least 70 percent of sputum smear-positive cases of tuberculosis and the cure of at least 85 percent of those cases detected.”.

(b) **AUTHORIZATION.**—Subsection (c) of such section is amended—

(1) in the heading, by striking “AUTHORIZATION” and inserting “ASSISTANCE REQUIRED”; and

(2) by striking “is authorized to” and inserting “shall”.

(c) **PRIORITY TO STOP TB STRATEGY.**—Subsection (e) of such section is amended—

(1) in the heading, to read as follows: “PRIORITY TO STOP TB STRATEGY.—”; and

(2) in the first sentence, by striking “In furnishing” and all that follows through “, including funding” and inserting the following:

“(1) **PRIORITY.**—In furnishing assistance under subsection (c), the President shall give priority to—

“(A) activities described in the Stop TB Strategy, including expansion and enhancement of DOTS coverage, treatment for individuals infected with both tuberculosis and HIV and treatment for individuals with multi-drug resistant tuberculosis (MDR-TB), strengthening of health systems, use of the International Standards for Tuberculosis Care by all providers, empowering individuals with tuberculosis, and enabling and promoting research to develop new diagnostics, drugs, and vaccines, and program-based operational research relating to tuberculosis; and

“(B) funding”; and

(3) in the second sentence—

(A) by striking “In order to” and all that follows through “not less than” and inserting the following:

“(2) **AVAILABILITY OF AMOUNTS.**—In order to meet the requirements of paragraph (1), the President—

“(A) shall ensure that not less than”; and

(B) by striking “for Directly Observed Treatment Short-course (DOTS) coverage and treatment of multi-drug resistant tuberculosis using DOTS-Plus,” and inserting “to implement the Stop TB Strategy; and”; and

(C) by striking “including” and all that follows and inserting the following:

“(B) should ensure that not less than \$15,000,000 of the amount made available to

carry out this section for a fiscal year is used to make a contribution to the Global Tuberculosis Drug Facility.”.

(d) **ASSISTANCE FOR WHO AND THE STOP TUBERCULOSIS PARTNERSHIP.**—Such section is further amended—

(1) by redesignating subsection (f) as subsection (g); and

(2) by inserting after subsection (e) the following new subsection:

“(f) **ASSISTANCE FOR WHO AND THE STOP TUBERCULOSIS PARTNERSHIP.**—In carrying out this section, the President, acting through the Administrator of the United States Agency for International Development, is authorized to provide increased resources to the World Health Organization (WHO) and the Stop Tuberculosis Partnership to improve the capacity of countries with high rates of tuberculosis and other affected countries to implement the Stop TB Strategy and specific strategies related to addressing extensively drug resistant tuberculosis (XDR-TB).”.

(e) **DEFINITIONS.**—Subsection (g) of such section, as redesignated by subsection (d)(1), is amended—

(1) in paragraph (1), by adding at the end before the period the following: “, including low cost and effective diagnosis and evaluation of treatment regimes, vaccines, and monitoring of tuberculosis, as well as a reliable drug supply, and a management strategy for public health systems, with health system strengthening, promotion of the use of the International Standards for Tuberculosis Care by all care providers, bacteriology under an external quality assessment framework, short-course chemotherapy, and sound reporting and recording systems”; and

(2) by adding after paragraph (5) the following new paragraph:

“(6) **STOP TB STRATEGY.**—The term ‘Stop TB Strategy’ means the six-point strategy to reduce tuberculosis developed by the World Health Organization. The strategy is described in the Global Plan to Stop TB 2007–2016: Actions for Life, a comprehensive plan developed by the Stop Tuberculosis Partnership that sets out the actions necessary to achieve the millennium development goal of cutting tuberculosis deaths and disease burden in half by 2016.”.

(f) **ANNUAL REPORT.**—Clause (iii) of section 104A(e)(2)(C) of the Foreign Assistance Act of 1961 (22 U.S.C. 2151b-2(e)(2)(C)) is amended by adding at the end before the semicolon the following: “, including the percentage of such United States foreign assistance provided for diagnosis and treatment of individuals with tuberculosis in countries with the highest burden of tuberculosis, as determined by the World Health Organization (WHO).”.

(g) **AUTHORIZATION OF APPROPRIATIONS.**—

(1) **IN GENERAL.**—There are authorized to be appropriated to the President not more than \$400,000,000 for fiscal year 2008 and not more than \$550,000,000 for fiscal year 2009 to carry out section 104B of the Foreign Assistance Act of 1961 (22 U.S.C. 2151b-3), as amended by subsections (a) through (e) of this section.

(2) **FUNDING FOR CDC.**—Of the amounts appropriated pursuant to the authorization of appropriations under paragraph (1), not more than \$70,000,000 for fiscal year 2008 and not more than \$100,000,000 for fiscal year 2009 shall be made available for the purpose of carrying out global tuberculosis activities through the Centers for Disease Control and Prevention.

(3) **ADDITIONAL PROVISIONS.**—Amounts appropriated pursuant to the authorization of appropriations under paragraph (1) and amounts made available pursuant to paragraph (2)—

(A) are in addition amounts otherwise made available for such purposes; and

(B) are authorized to remain available until expended.

The **SPEAKER** pro tempore. Pursuant to the rule, the gentleman from New York (Mr. **ENGEL**) and the gentleman from Arkansas (Mr. **BOOZMAN**) each will control 20 minutes.

The Chair recognizes the gentleman from New York.

GENERAL LEAVE

Mr. **ENGEL**. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days to revise and extend their remarks and include extraneous material on the bill under consideration.

The **SPEAKER** pro tempore. Is there objection to the request of the gentleman from New York?

There was no objection.

Mr. **ENGEL**. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise in strong support of this bill. H.R. 1567, the Stop TB Now Act, which I introduced with my colleagues, the gentlewoman from New Mexico (Mrs. **WILSON**) and the gentleman from Washington (Mr. **SMITH**), has 106 bipartisan cosponsors, and I am proud it is moving forward today. It is a very, very important and timely bill.

International tuberculosis control has become an important issue to me. It is remarkable in this day and age, with treatment available, that TB is the biggest infectious killer of young women in the world. In fact, TB kills more women worldwide than all causes of maternal mortality. As you know, tuberculosis is also the biggest killer of people with AIDS worldwide. Someone in the world is newly infected with TB every second, and TB counts for more than one-quarter of all preventable adult deaths in developing countries.

I strongly believe that the global community, with the United States in the lead, must do more to adequately address this disease by investing in quality TB control programs, using the groundbreaking Global Plan to Stop TB as a guide. It is for this reason that I have introduced this bill, the Stop TB Now Act, which will set forth the U.S. fair share towards achieving the goals of the Global Plan.

I believe if we don't make bold and wise investments in international tuberculosis control, not only will we fail to save millions of lives and miss out on the many accompanying benefits of controlling this killer, but also that this disease will become far more difficult and costly to treat.

Extremely drug-resistant TB, or XDR-TB for short, highlights this danger. It has been found on six continents, is a growing epidemic in southern Africa, and is already reported to be here in the U.S. Regular, or non-drug-resistant, TB is curable with drugs that cost just \$16 in most developing countries.

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Cases of drug-resistant TB, however, can cost thousands of dollars to cure,